

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Integrated Healing Technologies, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

FKA Pioneer Technology, LLC

3. Debtor's federal Employer Identification Number (EIN) 20-8449167

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

100A Beta Drive
Franklin, TN 37064

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Williamson

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.ihtwoundcare.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3842

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No.
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Integrated Healing Technologies, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct. Notwithstanding this statement, the information in this petition is from the Debtor's corporate records. I have no knowledge other than my reliance upon the company's books and records, as to the accuracy of the information provided. Further, to the extent values are listed for any asset, the values do not necessarily reflect the fair market or liquidation value of such assets, merely what the Debtor's records show.

I declare under penalty of perjury that the foregoing declaration is true and correct.

Executed on 07/09/2018
MM / DD / YYYY

X /s/ Albert Rodewald

Albert Rodewald

Signature of authorized representative of debtor

Title **Co-Chair of the Board**

X /s/ Robert Lipman

Robert Lipman

Signature of authorized representative of debtor

Title **Co-Chair of the Board**

18. Signature of attorney

X /s/ JOHN C. TISHLER

Date 07/09/2018
MM / DD / YYYY

Signature of attorney for debtor

JOHN C. TISHLER 013441

Printed name

Waller Lansden Dortch & Davis LLP

Firm name

511 Union Street

Suite 2700

Nashville, TN 37219-1791

Number, Street, City, State & ZIP Code

Contact phone **615-244-6380**

Email address john.tishler@wallerlaw.com

013441 TN

Bar number and State

Fill in this information to identify the case:

Debtor name Integrated Healing Technologies, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 9, 2018

X /s/ Albert Rodewald

Signature of individual signing on behalf of debtor

Albert Rodewald

Printed name

Co-Chair of the Board

Position or relationship to debtor

X /s/ Robert Lipman

Signature of individual signing on behalf of debtor

Robert Lipman

Printed name

Co-Chair of the Board

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Integrated Healing Technologies, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **3,352,603.11****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **3,352,603.11****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **157.42****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **16,334,105.46****4. Total liabilities**
Lines 2 + 3a + 3b\$ **16,334,262.88**

Fill in this information to identify the case:Debtor name Integrated Healing Technologies, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number3.1. FirstBank Checking 9397 **\$35,500.00**3.2. FirstBank Payroll Account 0940 **\$500.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$36,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit7.1. Office Lease Security Deposit **\$2,850.00**

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

7.2. MTEMC - Electricity Deposit \$350.00

7.3. Atmos Energy - Gas Deposit \$350.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. Credit on Comcast Account \$150.00

9. **Total of Part 2.**

\$3,700.00

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 18,720.88 - 0.00 = \$18,720.88
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 10,272.99 - 0.00 = \$10,272.99
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

\$28,993.87

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

14.1. NovaBay - 1,725 shares of NBY Common Stock N/A \$4,347.00

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: _____ % of ownership _____

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$4,347.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale See Attachment B.21.	Q1 2017	\$2,535,324.00	Recent cost	\$2,535,324.00
22.	Other inventory or supplies FloSure and Qtips provided in kits - Included in Finished Goods Attachment B.21.	Q1 2017	\$21,568.24	Recent cost	\$21,568.24

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,556,892.24

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------------------------	-----------------------------------------	------------------------------------

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

39. **Office furniture**
Up Front Costs for 7 Yearlink Headsets, furniture - bookshelf/end table, Desktop for Development, 4 Drawer Vertical File with Lock, (4) 2 Drawer Filing Cabinets, Pallet Truck, 10 Shelving Units, Exhibit Booth, Fellowes C-225CI Paper Shredder, Cubicles - Used, TV Monitor for Exhibit Booth, Herman Miller Chairs, Booths

	\$23,840.00	N/A	\$23,840.00
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40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
E5470 Dell Laptops: S/Ns F8CCPC2, 6DXFQF2, 6HXFQF2, HHXFQF2, F87PSF2, CWTSSF2, 77MQSF2, 475T1G2, 75T1G2, F6262G2, 4GST2H2, 3S931G2, 1YK01G2, BLR01G2, CMM71G2, H98B3H2, 13GM9H2, F5GM9H2; and PowerEdge T330 Server S/N 44ZBJL2

	\$29,521.00	N/A	\$29,521.00
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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$53,361.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

**Manufacturing Equipment - Stand Assy
Flexible ARM, C115 UV Wand System 98850,
Radiometer 7020 UV Wand Sys, Sngl Light
Guide 1M x 5MM**

\$2,970.00

\$2,970.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,970.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1.

**100A Beta Drive
Franklin, TN 37064**

Nature and extent of debtor's interest in property

**Leased Office
Space**

Net book value of debtor's interest (Where available)

\$0.00

Valuation method used for current value

N/A

Current value of debtor's interest

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

Debtor Integrated Healing Technologies, LLC Case number (If known) _____
 Name

60. **Patents, copyrights, trademarks, and trade secrets**
Trademark: Integrated Healing Technologies
See Attachment B.60 for list of Registered IP \$132,050.00 N/A \$132,050.00

61. **Internet domain names and websites**
www.ihtwoundcare.com Unknown N/A Unknown

62. **Licenses, franchises, and royalties**
NovaBay \$368,045.00 N/A \$368,045.00

63. **Customer lists, mailing lists, or other compilations**
 64. **Other intangibles, or intellectual property**
FDA 510K approvals:
K142956 - NewEra Dome Kit
K143301 - NewEra REVA Kit Unknown N/A Unknown

65. **Goodwill**

66. **Total of Part 10.** \$500,095.00
 Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?
☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**
 Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
 Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit
has been filed)**

75. **Other contingent and unliquidated claims or causes of action of**

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

every nature, including counterclaims of the debtor and rights to
set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets,
country club membership*

**Used Assets - Used MediTop pumps for
demonstrations, evaluations and testing**

\$166,244.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$166,244.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Integrated Healing Technologies, LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$36,000.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$3,700.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$28,993.87</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$4,347.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,556,892.24</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$53,361.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,970.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$500,095.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$166,244.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$3,352,603.11</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$3,352,603.11</u>

**ATTACHMENT B.21.
INVENTORY**

Company Name: Integrated Healing Technologies LLC
Report Name: Inventory Valuation
Created On: 6/18/2018

Item ID	Description	Prod Line	Costing Method	UOM	DLA	Last Cost	QOH	UC	Value lass for Disolutio	
Total for 75 items									2,556,892.75	
621	Bridge Kits	NPWT -	Average	Each	11/02/2017	19.00	21.00	19.06	400.34	Finished
636	IHT Private Label Dome	Components -	Average	Each	11/09/2017	6.47	94.00	6.47	607.80	Finished
810	IHT Private Label Mini-Dome	Components -	Average	Each	11/16/2017	6.13	1.00	6.13	6.13	Finished
4109	IHT Dome Version 3	Components -	Average	Each	12/13/2016	2.02	1,721.00	2.23	3,844.53	Finished
14037	Pinch Clamp White (Small)	Components -	Average	Each	12/13/2016	0.05	11,313.00	0.05	565.65	Finished
15040	40mL PhaseOne 250ppm	PhaseOne -	Average	Each	06/18/2018	6.46	70,949.00	6.38	452,532.27	Finished
15235	235mL PhaseOne	PhaseOne -	Average	Each	06/18/2018	17.31	65,049.00	17.24	1,121,626.89	Finished
16235	OmniPhase 235mL	PhaseOne -	Average	Each	06/07/2018	16.62	1,316.00	16.95	22,305.50	Finished
16602	Y-connector	Other -	Average	Each	12/05/2017	0.00	997.00	2.79	2,783.00	Finished
16670	NewEra I Canister 900mL + Gel	NPWT -	Average	Each	04/12/2018	33.08	3,291.00	13.85	45,573.49	Finished
16690	NewEra II Canister 300mL + Gel	NPWT -	Average	Each	04/12/2018	21.84	1,708.00	9.93	16,956.96	Finished
17844	MinisartPTFE_0.2Aum_4mm_nsterile_500	Components -	Average	Each	04/20/2018	1.33	475.00	1.33	631.75	Finished
3000723-USA	Charger for NewEra I and NewEra II Pump	Other -	Average	Each	08/14/2017	80.21	50.00	80.21	4,010.59	Finished
31327	Pinch Clamp White (Large)	Components -	Average	Each	12/15/2016	0.05	14,525.00	0.05	735.52	Finished
6-1142	REVA sub assembly	Components -	Average	Each	01/19/2017	16.29	1,759.00	17.07	30,019.14	Finished
72165-00	Cutimed Sorbact Swab 7x9 cm	Components -	Average	Each	06/14/2018	1.53	108,856.00	1.53	166,635.39	Finished
759-10mm	10MM Unitary Drain	Components -	Average	Each	12/31/2016	3.87	1,558.00	3.87	6,029.46	Other
98118	Sorbact® Ribbon Gauze 1 x 50 cm	AWC -	Average	Each	03/13/2018	1.74	532.00	1.75	929.60	Finished
98119	Sorbact® Ribbon Gauze 10 x 200 cm	AWC -	Average	Each	04/12/2018	4.93	372.00	4.95	1,841.11	Finished
98120	Sorbact® Ribbon Gauze 5 x 200 cm	AWC -	Average	Each	06/11/2018	3.46	290.00	3.46	1,003.93	Finished
98121	Sorbact® Ribbon Gauze 2 x 50 cm	AWC -	Average	Each	05/17/2018	1.77	280.00	1.77	495.61	Finished
98125	Sorbact® Compress 7 x 9 cm	AWC -	Average	Each	06/18/2018	1.07	25,177.00	1.07	26,913.70	Finished
98126	Sorbact® Round Swab (5pc x 14) 03 cm	AWC -	Average	Each	04/18/2018	0.00	14.00	0.45	6.29	Finished
98128	Sorbact® Compress 4 x 6 cm	AWC -	Average	Each	06/15/2018	0.00	7,998.00	0.73	5,839.56	Finished
98136	Sorbact® Gel Compress 7.5 x 7.5 cm	AWC -	Average	Each	06/14/2018	0.00	3,110.00	1.47	4,564.61	Finished
98137	Sorbact® Gel Compress 7.5 x 15 cm	AWC -	Average	Each	04/20/2018	0.00	5,076.00	2.15	10,907.46	Finished
98139	Sorbact® Gel Compress 3 x 15 cm	AWC -	Average	Each	06/18/2018	0.00	10.00	1.84	18.35	Finished
98140	Sorbact® Surgical Dressing 5 x 7 2 cm	AWC -	Average	Each	10/13/2017	0.18	18,454.00	0.19	3,527.11	Finished
98141	Sorbact® Surgical Dressing 8 x 10 cm	AWC -	Average	Each	06/18/2018	0.00	9,249.00	0.46	4,208.56	Finished

**ATTACHMENT B.21.
INVENTORY**

Company Name: Integrated Healing Technologies LLC

Report Name: Inventory Valuation

Created On: 6/18/2018

Item ID	Description	Prod Line	Costing Method	UOM	DLA	Last Cost	QOH	UC	Value	lass for Disolutio
98142	Sorbact® Surgical Dressing 8 x 15 cm	AWC -	Average	Each	06/04/2018	0.00	3,536.00	0.55	1,953.44	Finished
98143	Sorbact® Surgical Dressing 10 x 20 cm	AWC -	Average	Each	06/14/2018	0.78	3,662.00	0.79	2,901.58	Finished
98144	Sorbact® Surgical Dressing 10 x 25 cm	AWC -	Average	Each	05/09/2018	0.00	25,895.00	0.94	24,305.41	Finished
98145	Sorbact® Surgical Dressing 10 x 30 cm	AWC -	Average	Each	01/19/2018	0.00	9,410.00	1.09	10,282.10	Finished
98146	Sorbact® Surgical Dressing 10 x 35 cm	AWC -	Average	Each	06/14/2018	1.33	10,300.00	1.33	13,664.63	Finished
98222	Sorbact® Absorption Dressing 10 x 10 cm	AWC -	Average	Each	05/01/2018	2.47	360.00	1.92	692.19	Finished
98223	Sorbact® Absorption Dressing 10 x 20 cm	AWC -	Average	Each	05/01/2018	3.39	240.00	2.93	703.22	Finished
98224	Sorbact® Absorption Dressing 7 x 9 cm	AWC -	Average	Each	06/14/2018	2.12	504.00	1.69	853.48	Finished
98501	Sorbact® Superabsorbent 10 x 10 cm	AWC -	Average	Each	06/15/2018	2.49	1,005.00	1.85	1,860.18	Finished
98502	Sorbact® Superabsorbent 10 x 20 cm	AWC -	Average	Each	06/11/2018	0.00	2,942.00	2.92	8,595.89	Finished
98503	Sorbact® Superabsorbent 20 x 20 cm	AWC -	Average	Each	06/11/2018	5.08	1,015.00	5.08	5,154.55	Finished
98504	Sorbact® Superabsorbent 20 x 30 cm	AWC -	Average	Each	06/14/2018	9.47	949.00	7.99	7,584.92	Finished
98531	Sorbact® Foam Gentle Boarder 7.5 x 7.5 cm	AWC -	Average	Each	06/11/2018	0.00	2,140.00	2.98	6,376.64	Finished
98532	Sorbact® Foam Gentle Boarder 10 x 10 cm	AWC -	Average	Each	03/12/2018	0.00	1,989.00	4.30	8,545.92	Finished
98533	Sorbact® Foam Gentle Boarder 15 x 15 cm	AWC -	Average	Each	03/13/2018	0.00	718.00	6.64	4,770.34	Finished
100520	FloSure Ventilation Patch	Components -	Average	Each	11/09/2017	2.90	5,302.00	2.90	15,399.96	Other
316670	NewEra I Canister Luer Lock 900mL + Gel	NPWT -	Average	Each	01/05/2017	12.88	1,000.00	12.88	12,879.79	Finished
700221	NewEra Dome Kit - Medium	NPWT -	Average	Each	04/02/2018	25.78	448.00	25.78	11,550.82	Finished
700226	NewEra Dome Basic Kit - Medium	NPWT -	Average	Each	06/06/2018	23.29	416.00	23.82	9,909.24	Finished
700331	NPAK - Negative Pressure Application Kit	PAK -	Average	Each	06/14/2018	5.87	160.00	7.18	1,148.03	Finished
8884541300	Cotton Tipped Applicator	Components -	Average	Each	06/14/2018	0.04	3,796.00	0.04	138.83	Other
BAG-ERAI	New Era II Bag - Individual	Other -	Average	Each	10/31/2016	6.16	500.00	6.16	3,080.00	Finished
CMP-9GA	Wire Bed Hanger - Cork Medical	NPWT -	Average	Each	06/18/2018	25.77	5.00	26.12	130.59	Finished
CPC-250	250 Canister - Cork Medical	NPWT -	Average	Each	06/18/2018	12.44	24.00	12.52	300.53	Finished
CPC-500	500 Canister - Cork Medical	NPWT -	Average	Each	06/18/2018	14.39	45.00	14.58	655.89	Finished
CS-012	Spike-able Caps for PhaseOne 235ml	Other -	Average	Each	06/18/2018	0.16	44,202.88	0.15	6,840.63	Finished
CSP-100-ES-B	Port Pad Assembly - Cork Medical	Components -	Average	Each	12/30/2017	10.00	10.00	10.00	100.00	Finished
CSP-100-ES-C-D-F	Sterile Port Pad Assembly Prototype with Filter - Cork Medical	Components -	Average	Each	05/29/2018	17.62	30.00	17.62	528.56	Finished
CSP-100-ES-EXT	Tube Extenders - Cork Medical	Components -	Average	Each	05/29/2018	4.74	28.00	4.73	132.43	Finished

ATTACHMENT B.21.
INVENTORY

Company Name: Integrated Healing Technologies LLC

Report Name: Inventory Valuation

Created On: 6/18/2018

Item ID	Description	Prod Line	Costing Method	UOM	DLA	Last Cost	QOH	UC	Value lass for Disolutio	
CSP-PP with Filter	Port Pad Assembly with Filter - Cork Medical	Components -	Average	Each	02/08/2018	20.00	12.00	20.00	240.00	Finished
CWD-200	10"x12" 1.2.3 Drape - Cork Medical	NPWT -	Average	Each	04/03/2018	5.70	10.00	5.70	56.98	Finished
CWF-100-ES-B	Medium Foam - Cork Medical	NPWT -	Average	Each	11/30/2017	6.00	30.00	6.00	180.00	Finished
CWY-100	Y Connector - Cork Medical	Other -	Average	Each	06/18/2018	5.15	36.00	5.18	186.52	Finished
FM-BRDG-A-16	Foam Bridge Kit - Cork	NPWT -	Average	Each	06/18/2018	16.23	56.00	16.29	912.40	Finished
IHT-082-125-2	Tubing 0.125 x 0.25 x 3'	Components -	Average	Each	06/02/2017	0.79	4,626.00	0.79	3,662.68	Finished
M020302	NewEra Dome Kit - Medium	NPWT -	Average	Each	06/15/2018	34.88	440.00	34.88	15,345.00	Finished
MS407-WB	Skin Tac Wipe	Components -	Average	Each	06/14/2018	0.21	4,737.00	0.21	995.22	Finished
N761310	IHT Drape - Convenience Kit	NPWT -	Average	Each	06/14/2018	0.00	10,316.00	5.44	56,098.98	Finished
N761311	IHT Drape Kit (1 Drape)	NPWT -	Average	Each	11/17/2017	3.31	15,317.00	3.32	50,869.86	Finished
NEWEAIC	New Era Pump I - Purchase	NPWT -	Average	Each	08/11/2017	1,846.43	106.00	1,925.20	204,071.23	Finished
NEWEAIIIC	New Era Pump II - Purchase	NPWT -	Average	Each	12/21/2017	1,203.86	74.00	1,276.28	94,444.69	Finished
WXL-BAG	NewEra I Bag	Other -	Average	Each	10/31/2016	7.15	2,500.00	7.15	17,875.00	Finished
WXS-BAG	NewEra II Bag	Other -	Average	Each	10/31/2016	6.16	2,499.00	6.16	15,393.84	Finished
Total for 75 items									2,556,892.75	
									2,535,324.25	Finished
									21,568.24	Other

ATTACHMENT B.60.**Registered IP Collateral**

Application No.	Application Status	Filing Date	Patent No.	Issue Date
11602653	Issued	Nov. 21, 2006	7648488	Jan. 19, 2010
12033558	Issued	Feb. 19, 2008	8357130	Jan. 22, 2013
12688485	Abandoned	Jan. 14, 2010		
13534597	Abandoned	June 27, 2012		
14061672	Abandoned	Oct. 23, 2013		
14378306	Pending	Aug. 12, 2014		
14378309	Pending	Aug. 12, 2014		
14425570	Pending	Mar. 3, 2015		
14491487	Pending	Sept. 19, 2014		
15836392	Pending	Dec. 8, 2017		
15960264	Pending	Apr. 23, 2018		
15963005	Pending	Apr. 25, 2018		
29494485	Issued	June 20, 2014	D758572	June 7, 2016
60738690	Expired	Nov. 21, 2005		
60890275	Expired	Feb. 16, 2007		
61571366	Expired	June 27, 2011		
61633509	Expired	Feb. 13, 2012		
61633515	Expired	Feb. 13, 2012		
61633516	Expired	Feb. 13, 2012		
61633517	Expired	Feb. 13, 2012		
61633527	Expired	Feb. 13, 2012		
61633528	Expired	Feb. 13, 2012		
61633529	Expired	Feb. 13, 2012		
61696660	Expired	Sept. 4, 2012		
61880049	Expired	Sept. 19, 2013		
PCT/US06/45036	Expired	Nov. 12, 2006		
PCT/US13/58062	Expired	Sept. 4, 2013		
PCT/US13/25875	Expired	Feb. 13, 2013		
PCT/US13/25901	Expired	Feb. 13, 2013		
PCT/US18/28928	Pending	Apr. 23, 2018		
CA 2864414	Pending	Aug. 12, 2014		
CA 2864419	Pending	Aug. 12, 2014		
EP 2006844464	Granted	Sept 30, 2008	2010245	Oct. 14, 2015
EP 2013749565	Granted	Sept. 11, 2014	2814556	Dec. 7, 2016
EP 2013749574	Granted	Sept. 11, 2014	2814532	Apr. 5, 2017

Fill in this information to identify the case:

Debtor name Integrated Healing Technologies, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name **Integrated Healing Technologies, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address GEORGIA DEPT OF REVENUE COMPLIANCE DIV - ARCS BANKRUPTCY 1800 CENTURY BLVD NE STE 9100 ATLANTA, GA 30345-3202 Date or dates debt was incurred 5/2018 & 6/2018 Last 4 digits of account number 4217 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.52	\$23.52
2.2	Priority creditor's name and mailing address TN DEPARTMENT OF REVENUE TN ATTY GENERAL'S OFFC, BANKR DIV PO BOX 20207 NASHVILLE, TN 37202-0207 Date or dates debt was incurred Q2 2018 Last 4 digits of account number 5SLC Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.90	\$133.90

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor **Integrated Healing Technologies, LLC**
Name

Case number (if known)

3.1	Nonpriority creditor's name and mailing address ABIGO MEDICAL SB SE-436 33EKONOMIVAGEN 5 SWEDEN Date(s) debt was incurred <u>4/16/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,280.72
3.2	Nonpriority creditor's name and mailing address ATMOS ENERGY PO BOX 790311 SAINT LOUIS, MO 63179-0311 Date(s) debt was incurred <u>6/14/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.94
3.3	Nonpriority creditor's name and mailing address BLOUNT, JOHN 212 LARKTON PL FRANKLIN, TN 37069 Date(s) debt was incurred <u>10/18/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,403.00
3.4	Nonpriority creditor's name and mailing address BLOUNT, JOHN 212 LARKTON PL FRANKLIN, TN 37069 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUBROGATION RIGHTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.5	Nonpriority creditor's name and mailing address BRITTON, JIM 3 GIBSON LITTLEROCK, AR 72227 Date(s) debt was incurred <u>10/20/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,076.00
3.6	Nonpriority creditor's name and mailing address BRITTON, JIM 3 GIBSON LITTLEROCK, AR 72227 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUBROGATION RIGHTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.7	Nonpriority creditor's name and mailing address CALDWELL, MEREDITH 28 INVERARAY NASHVILLE, TN 37215 Date(s) debt was incurred _ Last 4 digits of account number <u>9271</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,007.00

Debtor Integrated Healing Technologies, LLC Name		Case number (if known)	
3.8	Nonpriority creditor's name and mailing address CARMICHAEL, CROM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUBROGATION RIGHTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.9	Nonpriority creditor's name and mailing address CARR RIGGS & INGRAM 3011 ARMORY DRIVE STE190 NASHVILLE, TN 37204 Date(s) debt was incurred <u>4/18/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,850.00
3.10	Nonpriority creditor's name and mailing address CIT 21146 NETWORK PLACE CHICAGO, IL 60673-1211 Date(s) debt was incurred <u>5/31/18 & 6/31/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COPIER LEASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,365.84
3.11	Nonpriority creditor's name and mailing address COPY SOLUTIONS 4091 MALLORY LANE STE 128 FRANKLIN, TN 37067 Date(s) debt was incurred <u>5/23-6/13/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,924.85
3.12	Nonpriority creditor's name and mailing address CORK MEDICAL 8050 CASTELWAY DR INDIANAPOLIS, IN 46250 Date(s) debt was incurred <u>5/15-6/30/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,338.34
3.13	Nonpriority creditor's name and mailing address CRAIG, MARGARET C 27 LEXINGTON GREEN NASHVILLE, TN 37215 Date(s) debt was incurred _____ Last 4 digits of account number <u>9238</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,636.00
3.14	Nonpriority creditor's name and mailing address CRUMP LAW PC PO BIX 604 NEW CASTLE, IN 46552 Date(s) debt was incurred <u>6/1/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00

Debtor **Integrated Healing Technologies, LLC**
Name

Case number (if known)

3.15	Nonpriority creditor's name and mailing address CRYSTAL SPRINGS PO BOX 660579 DALLAS, TX 75266-0579 Date(s) debt was incurred <u>6/6/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
3.16	Nonpriority creditor's name and mailing address CSI MEDICAL 170 COMMERCE WAY GALLATIN, TN 37066 Date(s) debt was incurred <u>1/17/17 & 5/29/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,674.58
3.17	Nonpriority creditor's name and mailing address DICKE, JAMES F II 40 S WASHINGTON ST NEW BREMEN, OH 45869 Date(s) debt was incurred <u>11/28/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.18	Nonpriority creditor's name and mailing address EAG INC PO BOX 604 NEW CARLISLE, IN 46552 Date(s) debt was incurred <u>1/15/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,140.00
3.19	Nonpriority creditor's name and mailing address FERGUSON, GARY 9233 OLD SMYRNA RD BRENTWOOD, TN 37027 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435,188.00
3.20	Nonpriority creditor's name and mailing address FIRSTBANK 211 COMMERCE ST, STE 300 NASHVILLE, TN 37201 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LINE OF CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.21	Nonpriority creditor's name and mailing address FISHER, JACK 5867 FREDERICKSBURG DR NASHVILLE, TN 37215 Date(s) debt was incurred <u>8/9/17 - 6/19/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151,640.00

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3.22	Nonpriority creditor's name and mailing address FISHER, JACK 5867 FREDERICKSBURG DR NASHVILLE, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBROGATION RIGHTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,000.00
3.23	Nonpriority creditor's name and mailing address FISHER, JEFF 539 CLOSE LANE NASHVILLE, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBROGATION RIGHTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.24	Nonpriority creditor's name and mailing address FIVE STAR VENTURE FUNDING 2002 TYNE BLVD NASHVILLE, TN 37215 Date(s) debt was incurred <u>9/8/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366,392.00
3.25	Nonpriority creditor's name and mailing address FLATT, STEPHEN F 1872 SANCTUARY PL MURFREESBORO, TN 37128 Date(s) debt was incurred ____ Last 4 digits of account number <u>9240</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,583.00
3.26	Nonpriority creditor's name and mailing address FOLLIN, KATHY 4416 GERALD PL NASHVILLE, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBROGATION RIGHTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.27	Nonpriority creditor's name and mailing address FOLLIN, KATHY 4416 GERALD PL NASHVILLE, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES RENDERED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.28	Nonpriority creditor's name and mailing address GOAD, FRED 917 STUART LANE BRENTWOOD, TN 37027 Date(s) debt was incurred <u>8/25 & 11/28/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439,495.00

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3.29	Nonpriority creditor's name and mailing address GRAYMAR INVESTORS 411 GREAT CIRCLE RD NASHVILLE, TN 37228 Date(s) debt was incurred <u>10/25/17 - 6/18/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,786,626.00</u>
3.30	Nonpriority creditor's name and mailing address INGRAM, ORIN H II 1475 MORAN RD FRANKLIN, TN 37069 Date(s) debt was incurred <u>12/4/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$41,733.00</u>
3.31	Nonpriority creditor's name and mailing address INVICTA TECHNOLOGY LLC Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,316.77</u>
3.32	Nonpriority creditor's name and mailing address JARAMILLO, ONESIMO 4114 TRINITY LA FRANKLIN, TN 37067 Date(s) debt was incurred <u>3/26/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEASE OF 100 BETA DR, FRANKLIN, TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$39,900.00</u>
3.33	Nonpriority creditor's name and mailing address LPMC TECHNOLOGY SOLUTIONS PO BOX 1869 BRENTWOOD, TN 37024-1869 Date(s) debt was incurred <u>5/31/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$253.80</u>
3.34	Nonpriority creditor's name and mailing address LIPMAN, ROBERT 411 GREAT CIRCLE RD NASHVILLE, TN 37228 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUBROGATION RIGHTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,506,000.00</u>
3.35	Nonpriority creditor's name and mailing address MARY ELIZABETH FRANKLIN REVOCABLE TRUST 301 BOWLING AVE NASHVILLE, TN 37205 Date(s) debt was incurred _ Last 4 digits of account number <u>9241</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$70,544.00</u>

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3.36	Nonpriority creditor's name and mailing address MEDITOP VLASAKKER 22 MONTFOORT 0 3417 XT Date(s) debt was incurred <u>9/7 & 9/28/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,587.14</u>
3.37	Nonpriority creditor's name and mailing address MERCY SURGICAL DRESSING GROUP INC. 4 ZESTA DR PITTSBURGH, PA 15205 Date(s) debt was incurred <u>6/18/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PRODUCT REFUND</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,298.40</u>
3.38	Nonpriority creditor's name and mailing address MIDDLE TN ELECTRIC MEMBERSHIP CORP 555 NEW SALEM HWY MURFREESBORO, TN 37129 Date(s) debt was incurred <u>5/2018 - 6/2018</u> Last 4 digits of account number <u>7577</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$159.97</u>
3.39	Nonpriority creditor's name and mailing address MULLINS, KEITH 301 PLUS PARK BLVD STE 500 NASHVILLE, TN 37217 Date(s) debt was incurred <u>8/25 & 11/28/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$439,495.00</u>
3.40	Nonpriority creditor's name and mailing address MY OFFICE SUPPLY PO BOX 306003 NASHVILLE, TN 37230-6003 Date(s) debt was incurred <u>5/8 & 6/6/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$125.81</u>
3.41	Nonpriority creditor's name and mailing address NATIONAL DISTRIBUTION AND CONTACTING 402 BNA DR STE 500 NASHVILLE, TN 37217 Date(s) debt was incurred <u>6/18/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PRODUCT REFUND</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,149.78</u>
3.42	Nonpriority creditor's name and mailing address NDC DEPT 169 PO BOX 37904 CHARLOTTE, NC 28237-7904 Date(s) debt was incurred <u>7/4/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY STORAGE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$930.00</u>

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3.43	Nonpriority creditor's name and mailing address OXFORD UNIVERSITY PRESS THE CASHIERS OFFC GREAT CLARENDON ST OXFORD OX2 6DP Date(s) debt was incurred <u>5/31/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,204.19
3.44	Nonpriority creditor's name and mailing address PATTERSON INTELLECTUAL PROPERTY LAW PC ROUNDAABOUT PLAZA 1600 DIVISION ST NASHVILLE, TN 37203-2774 Date(s) debt was incurred <u>5/10/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,702.92
3.45	Nonpriority creditor's name and mailing address PORTER, STEPHEN 127 HABERSHAM RD COLUMBIA, TN 38401 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.46	Nonpriority creditor's name and mailing address PREMIER HEALTHCARE SOLUTIONS 5882 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred <u>5/31/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.47	Nonpriority creditor's name and mailing address PROTECTION 1 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.70
3.48	Nonpriority creditor's name and mailing address R & B BUILDING MAINTENANCE PO BOX 291652 NASHVILLE, TN 37229 Date(s) debt was incurred <u>6/1/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.49	Nonpriority creditor's name and mailing address REBROVICK, LINDA 5202 CLOSE CIR NASHVILLE, TN Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYMENT AGREEMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991,667.00

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3.50	Nonpriority creditor's name and mailing address RODEWALD, ALBERT 4814 BYRD LN COLLEGE GROVE, TN 37046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,292,636.00
3.51	Nonpriority creditor's name and mailing address RODEWALD, ALBERT 4814 BYRD LN COLLEGE GROVE, TN 37046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUBROGATION RIGHTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$634,000.00
3.52	Nonpriority creditor's name and mailing address RUSH FOUNDATION HOSPITAL 1314 9TH AVE MERIDIAN, MS 39301-4116 Date(s) debt was incurred <u>6/18/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PRODUCT CREDIT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,793.57
3.53	Nonpriority creditor's name and mailing address SALESFORCE.COM INC PO BOX 203141 DALLAS, TX 75320-3141 Date(s) debt was incurred <u>5/20/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Annual Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,964.03
3.54	Nonpriority creditor's name and mailing address SHERRARD ROE VOIGHT & HARBISON PLC 150 3RD AVE S NASHVILLE, TN 37201 Date(s) debt was incurred <u>2/28 - 5/31/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,874.27
3.55	Nonpriority creditor's name and mailing address SHIP MY ORDERS INC 1401 POPLAR LANE NASHVILLE, TN 37210-4519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.32
3.56	Nonpriority creditor's name and mailing address SKYLINE EXHIBITOR SOURCE 144 BAIN DR, STE 100 LAVERGNE, TN 37086 Date(s) debt was incurred <u>7/2/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES RENDERED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.00

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3.57	Nonpriority creditor's name and mailing address STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253 Date(s) debt was incurred <u>1/31/2018</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,865.00
3.58	Nonpriority creditor's name and mailing address STERICYCLE INC PO BOX 6575 CAROL STREAM, IL 60197-6575 Date(s) debt was incurred <u>6/1/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES RENDERED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.05
3.59	Nonpriority creditor's name and mailing address TIMOTHY J PATTON TRUST 2100 LONDONDERRY ANN ARBOR, MI 48104 Date(s) debt was incurred <u>8/31/17</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MONEY LOANED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262,000.00
3.60	Nonpriority creditor's name and mailing address TRK AESTHETIC CONSULTING 1302 GULLES HILL CT BRANDON, FL 33511 Date(s) debt was incurred <u>6/1/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES RENDERED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.61	Nonpriority creditor's name and mailing address ULINE PO BOX 88741 CHICAGO, IL 60680-1741 Date(s) debt was incurred <u>6/5/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.49
3.62	Nonpriority creditor's name and mailing address UPS 28013 NETWORK PL CHICAGO, IL 60673-1280 Date(s) debt was incurred <u>6/4-6/18/18</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE DEBT - UPS 6Y1855 AND UPS FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,204.98

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	UPS 6Y1855 LOCKBOX 577 CAROL STREAM, IL 60132-0577	Line 3.62 <input type="checkbox"/> Not listed. Explain _____	—

Debtor Integrated Healing Technologies, LLC
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 157.42
5b. +	\$ 16,334,105.46
5c.	\$ 16,334,262.88

Fill in this information to identify the case:

Debtor name **Integrated Healing Technologies, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **COPIER LEASE**

State the term remaining

List the contract number of any government contract

CIT
21146 NETWORK PLACE
CHICAGO, IL 60673-1211

2.2. State what the contract or lease is for and the nature of the debtor's interest **OFFICE LEASE**

State the term remaining

List the contract number of any government contract

EXP 9/30/2019

JARAMILLO, ONESIMO
4114 TRINITY LA
FRANKLIN, TN 37067

2.3. State what the contract or lease is for and the nature of the debtor's interest **SPONSORSHIP**

State the term remaining

List the contract number of any government contract

EXP 3/31/2020

PREMIER HEALTHCARE SOLUTIONS
5882 COLLECTIONS CENTER DR
CHICAGO, IL 60693

2.4. State what the contract or lease is for and the nature of the debtor's interest **EMPLOYMENT AGREEMENT**

State the term remaining

List the contract number of any government contract

EXP 4/21/2021

REBROVICK, LINDA
5202 CLOSE CIR
NASHVILLE, TN

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **CRM SOFTWARE**

State the term remaining **EXP 6/15/2019**

List the contract number of any government contract _____

**SALESFORCE.COM INC
PO BOX 203141
DALLAS, TX 75320-3141**

Fill in this information to identify the case:Debtor name **Integrated Healing Technologies, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Integrated Healing Technologies, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**
From **1/01/2018** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$112,848.00****For prior year:**
From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other _____**\$311,527.00****For year before that:**
From **1/01/2016** to **12/31/2016**☒ Operating a business☐ Other _____**\$76,973.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. BCBST GROUP RECEIPTS DEPT PO BOX 6539 CAROL STREAM, IL 60197-6539	3/28/18, 5/2/18, 5/31/18	\$56,065.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. FIRSTBANK 211 COMMERCE ST, STE 300 NASHVILLE, TN 37201	3/27/18, 4/30/18, 5/30/18	\$51,720.50	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. SHERRARD ROE VOIGHT & HARBISON PLC 150 3RD AVE S NASHVILLE, TN 37201	4/12/18, 5/17/18	\$35,439.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. PATTERSON INTELLECTUAL PROPERTY LAW PC ROUNDAABOUT PLAZA 1600 DIVISION ST NASHVILLE, TN 37203-2774	3/28/18, 6/5/18	\$24,775.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. INVICTA TECHNOLOGY, LLC	3/18/18, 4/20/18, 5/16/18, 6/18/18	\$24,001.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. TRK AESTHETIC CONSULTING 1302 GULLES HILL CT BRANDON, FL 33511	3/28/18, 5/2/18, 6/6/18	\$22,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. CSI MEDICAL 170 COMMERCE WAY GALLATIN, TN 37066	3/28/18, 4/12/18, 4/20/18, 5/8/18, 5/17/18, 5/23/18	\$20,750.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. REGULATORY AND QUALITY SOLUTIONS LLC 2790 MOSSIDE BLVD, STE 800 MONROEVILLE, PA 15146	3/19/18, 4/12/18, 5/11/18, 5/31/18	\$18,941.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.9. CORK MEDICAL 8050 CASTELWAY DR INDIANAPOLIS, IN 46250	3/28/18, 4/20/18, 4/26/18, 5/10/18, 5/31/18, 6/5/18, 6/6/18	\$18,221.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 HELL YEAH, LLC 2518 37TH AVE NE MINNEAPOLIS, MN 55421	3/28/18, 5/2/18, 5/31/18	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 ROBERT STEPHEN PORTER 127 HABERSHAM RD COLUMBIA, TN 38401	4/12/18, 5/16/18, 6/18/18	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 TN DEPARTMENT OF REVENUE TN ATTY GENERAL'S OFFC, BANKR DIV PO BOX 20207 NASHVILLE, TN 37202-0207	4/6/18, 4/12/18, 4/16/18, 4/19/18, 4/26/18, 4/26/18, 5/4/18, 5/4/18, 6/13/18	\$13,250.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.13 MEDITOP VLASAKKER 22 MONTFOORT 0 3417 XT	4/16/18, 4/20/18, 5/17/18	\$12,298.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 SALESFORCE.COM INC PO BOX 203141 DALLAS, TX 75320-3141	3/28/18	\$10,914.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.15 CARR RIGGS & INGRAM 3011 ARMORY DRIVE STE190 NASHVILLE, TN 37204	6/6/18	\$9,850.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.16 COMMERCIAL INSURANCE ASSOCIATES, LLC 103 POWELL CT BRENTWOOD, TN 37027-5050	4/12/18	\$8,794.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.17 BES STUDIOS 5711 OLD OSBORNE TURNPIKE HENRICO, VA 23231	3/28/18	\$6,584.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments

listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	WALLER LANSDEN DORTCH & DAVIS LLP 511 UNION ST, STE 2700 NASHVILLE, TN 37219		6/22/2018	\$20,000.00
	Email or website address www.wallerlaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 103 FORREST CROSSING BLVD, STE 103 FRANKLIN, TN 37064	2/2012 - 5/2018

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	US BANK PO BOX 1800 SAINT PAUL, MN 55101-0800	XXXX-0544	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	3/2018	\$201.15
18.2.	US BANK PO BOX 1800 SAINT PAUL, MN 55101-0800	XXXX-0502	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	1/2018	\$0.00
18.3.	US BANK PO BOX 1800 SAINT PAUL, MN 55101-0800	XXXX-4011	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2017	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
NDC 407 NEW SANFORD RD LA VERGNE, TN 37086	LINDA REBROVIK 5202 CLOSE CIR NASHVILLE, TN 37205 DAVE JOHNSON 407 NEW SANFORD RD LA VERGNE, TN 37086	PhaseOne (40ml and 235ml)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
SHIP MY ORDERS INC. 1401 POPLAR LANE NASHVILLE, TN 37210-4519	LINDA REBROVIK 5202 CLOSE CIR NASHVILLE, TN 37205	PhaseOne (40ml and 235ml), OmniPhase, Spikeable Caps, NewEra Dome Kits (new)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
US STORAGE CENTERS 7102 BAKERS BRIDGE AVE BRENTWOOD, TN 37027	LINDA REBROVIK 5202 CLOSE CIR NASHVILLE, TN 37205	Unit G203- NEII Pump Bags, Conference Materials, Samples, etc. Unit C222- Items for Disposal, some Conference Materials, etc.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
RED CARPET SELF STORAGE 108 WERTHAN CIR FRANKLIN, TN 37064	LINDA REBROVIK 5202 CLOSE CIR NASHVILLE, TN 37205	Unit 3090- Limited Active Stock (Sorbact, pumps, etc.), Shelving Units, and Samples Unit 2060- Active Stock (Sorbact, NEI and NEII Canisters, etc. - desk and conf table) Unit 2062- Active Stock (Sorbact, etc.) Unit 1163- Active Stock (Sorbact, Pumps, P1, Kits, etc.) Unit 1152- Pump cleaning room - Few Pumps, Folding Table, Stericycle bins, Shelving Unit	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. PAM DAVIS 1235 BROADGATE DR FRANKLIN, TN 37067	8/1/16 - 6/18/18
26a.2. LAURI PEARSON 502 HUNTINGTON RIDGE DR NASHVILLE, TN 37221	4/1/16 - 12/1/17

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. CARR RIGGS & INGRAM 3011 ARMORY DRIVE STE 190 NASHVILLE, TN 37204	2014-2018

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	CARR RIGGS & INGRAM 3011 ARMORY DRIVE STE 190 NASHVILLE, TN 37204	
26c.2.	LINDA REBROVICK 5202 CLOSE CIRCLE NASHVILLE, TN 37205	
26c.3.	JEFF FISHER 539 CLOSE LANE NASHVILLE, TN 37205	
26c.4.	PAM DAVIS 1235 BROADGATE DR FRANKLIN, TN 37067	
26c.5.	JOHN BLOUNT 212 LARKTON PL FRANKLIN, TN 37069	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	FIRSTBANK 211 COMMERCE ST, STE 300 NASHVILLE, TN 37201

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No
☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	CARR, RIGGS & INGRAM	Q1 2017	\$740,473.00
	Name and address of the person who has possession of inventory records		
	ROB SUMMERFORD 3011 ARMORY DR, STE 190 NASHVILLE, TN 37204		
27.2			
	Name and address of the person who has possession of inventory records		
	DAVIS, PAM 1235 BROADGATE DR FRANKLIN, TN 37067		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
REBROVICK, LINDA	5202 CLOSE CIR NASHVILLE, TN 37205	Chief Executive Officer	
Name	Address	Position and nature of any interest	% of interest, if any
FISHER, JEFF	539 CLOSE LN NASHVILLE, TN 37205	Chief Financial Officer	
Name	Address	Position and nature of any interest	% of interest, if any
BLOUNT, JOHN	212 LARKTON PL FRANKLIN, TN 37069	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
BRITTON, JAMES	3 GIBSON LITTLEROCK, AR 72227	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
FISHER, JACK	5867 FREDERICKSBURG DR NASHVILLE, TN 37215	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
GOAD, FRED	917 STUART LN BRENTWOOD, TN 37027	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
HEATH MD, ANDREW	1 CARLYLE MANSIONS LONDON SW3 5LS	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
LIPMAN, ROBERT	411 GREAT CIRCLE RD NASHVILLE, TN 37228	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
MULLINS, KEITH	301 PLUS PARK BLVD STE 500 NASHVILLE, TN 37217	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
RODEWALD, ALBERT	4814 BYRD LN COLLEGE GROVE, TN 37046	DIRECTOR	
Name	Address	Position and nature of any interest	% of interest, if any
*SEE SHAREHOLDER ATTACHMENT SOFA.30			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
MARTIN BROWN, JR	208 CRAIGHEAD ST NASHVILLE, TN 37205	Board Member, Unit Holder	2017
Name	Address	Position and nature of any interest	Period during which position or interest was held
CHARLES MARTIN	40 BURTON HILLS BLVD, STE 100 NASHVILLE, TN 37215	Board Member, Unit Holder	Q1 - Q3 2017
Name	Address	Position and nature of any interest	Period during which position or interest was held
CARLTON STINSON	1120 TYNE BLVD NASHVILLE, TN 37220	Board Member, Unit Holder	Q1 - Q3 2017
Name	Address	Position and nature of any interest	Period during which position or interest was held
PETE CARINO	1089 BROOKHAVEN SQ NE ATLANTA, GA 30319	Chief Sales Officer	5/2016 - 7/2017

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 9, 2018

/s/ Albert Rodewald
Signature of individual signing on behalf of the debtor

Albert Rodewald
Printed name

Position or relationship to debtor Co-Chair of the Board

/s/ Robert Lipman
Signature of individual signing on behalf of the debtor

Robert Lipman
Printed name

Position or relationship to debtor Co-Chair of the Board

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No
☒ Yes

ATTACHMENT SOFA.28

Integrated Healing Technologies, LLC
IHT Capitalization Summary - Sorted by Ownership
June 8, 2018

Member	Total Units Ownership 6/8/18	Issued Units Ownership %	Street Address	City	ST	Zip
Alexiares, LLC (M Brown Sr, M Brown Jr.)	3,634.31	2.84%	208 Craighead Street	Nashville	TN	37205
Alfery MD, David	1,147.56	0.90%	22 Wynstone	Nashville	TN	37215
Anderson, Stefanie	244.29	0.19%	2728 Blue Heron Dr.	Florissant	MO	63031
Andrews, Thomas	1,025.36	0.80%	208 Jackson Blvd.	Nashville	TN	37205
Baird, Ian	366.70	0.29%	175 Baypointe Pkwy, APT 422	San Jose,	CA	95134
Baird, James	2,540.78	1.99%	5214 Rustic Way	Old Hickory	TN	37138
Bateman, Suzanne	48.88	0.04%	1200 General McArthur Dr	Brentwood	TN	37027
Bates, Reeda	146.63	0.11%	497 Whispering Hills Dr	Nashville	TN	37211
Baurle MD, Eric J	277.15	0.22%	1806 Ivy Crest Drive	Brentwood	TN	37027
Bean Realty Partners LLC (Mark McDonald)	195.51	0.15%	3841 Green Hills Village Dr, STE 400	Nashville	TN	37215
Bechert, Kari	97.75	0.08%	1024 Ashland Avenue	Evanston	IL	60202
Bence, Staci	39.10	0.03%	497 Whispering Hills Drive	Nashville	TN	37211
Bengel Living Trust (Charles Bengel)	391.02	0.31%	1107 Fleming St	Key West	FL	33040
Benrud, Constance	391.02	0.31%	510 W. Erie, #1901	Chicago	IL	60654
Bergan, Jamie	97.75	0.08%	5382 Cobbler Way	Camillus	NY	13031
Betsy V Matlock Rev Trust	641.43	0.50%	353 Cuddy Ct	Naples	FL	34103
Bickel, Becky	19.55	0.02%	1888 Wilson Pike	Franklin	TN	37067
Blount, John E.	9,852.38	7.70%	212 Larkton Place	Franklin	TN	37069
Blount, Scott C.	641.96	0.50%	3001 Del Curoto Rd, Unit B	Austin	TX	78704
Bovender Jr, Jack	1,329.50	1.04%	520 Belle Meade Blvd	Nashville	TN	37205
Brindle, Tod	244.39	0.19%	6165 Bootsie Blvd.	Henrico	VA	23231
Britton, James L	1,238.65	0.97%	3 Gibson	Little Rock	AR	72227
Brown MD, Phillip	774.87	0.61%	518 Park Center Drive	Nashville	TN	37205
Browne, Michelle	14.66	0.01%	3617 18th Street, NE	Washington	DC	20018
Buford, Mark	439.72	0.34%	1003 Heathrow Hills Court	Brentwood	TN	37027
Bumstead, Frank	391.02	0.31%	P.O. Box 340020	Nashville	TN	37203
Burd, Paul	146.57	0.11%	5516 Stanford Drive	Nashville	TN	37215
Burr, Robert (Panther Exploration)	633.50	0.50%	1314 Fairview Ave	Bowling Green	KY	42103
Carmichael, Oliver Crom	802.24	0.63%	2605 Elm Hill Pike, Ste I	Nashville	TN	37214
Castello, Chris	14.66	0.01%	104 Bennington Rd	Greer	SC	29650
Castrasim Holdings LLC (Holly Wall)	195.51	0.15%	8600 Fern Avenue	Shreveport	LA	71106
Church, Dallas Warren	195.51	0.15%	95 Christopher Street, APT 7i	New York	NY	10014
Coble, G. W. II	195.51	0.15%	5033 Old Hickory Blvd	Nashville	TN	37218
Coble, George William III	977.56	0.76%	7620 Old Charlotte Pike	Nashville	TN	37209

ATTACHMENT SOFA.28

Integrated Healing Technologies, LLC

IHT Capitalization Summary - Sorted by Ownership

June 8, 2018

Member	Total Units Ownership 6/8/18	Issued Units Ownership %	Street Address	City	ST	Zip
Conway-Welch, Colleen	391.02	0.31%	c/o Frank Bumstead PO BOX 340020	Nashville	TN	37203
Davis, Pam	39.10	0.03%	1235 Broadgate Drive	Franklin	TN	37067
Dixon, Paul	244.29	0.19%	1651 Tammarron Ave SE	Grand Rapids	MI	49546
Downs, Doug	97.76	0.08%	18723 Brookshade Ln	Louisville	KY	40245
Dudley MD, Bunyan S.	97.76	0.08%	507 Sandpiper Cir	Nashville	TN	37221
Dudley, Jonathan	97.76	0.08%	325 Ideal Way	Charlotte	NC	28203
Eaton, Karin C.	726.58	0.57%	2012 25th Ave S	Nashville	TN	37212
Entrekin, Hugh	581.78	0.45%	1432 Tyne Blvd	Nashville	TN	37215
Eskind, MD Jeffrey	391.02	0.31%	416 Ellensdale Ave	Nashville	TN	37205
Eskind, MD Steven	391.02	0.31%	2322 Golf Club Lane	Nashville	TN	37215
Fella, Henry	629.10	0.49%	1306 Elizabeth Blvd	Fort Worth	TX	76110
Ferguson, Gary	1,645.86	1.29%	9233 Old Smyrna Road	Brentwood	TN	37027
Fisher MD, Jack	5,502.88	4.30%	5867 Fredericksburg Drive	Nashville	TN	37215
Fisher, Jeff	391.02	0.31%	539 Close Lane	Nashville	TN	37205
Fisher, Patrick	65.17	0.05%	15334 Azra Drive	Odessa	FL	33556
Follin, Katherine	2,373.31	1.85%	4416 Gerald Place	Nashville	TN	37205
Freiberg, MD Craig	138.32	0.11%	4021 Overbrook Dr	Nashville	TN	37204
Gabriel, Allen	195.51	0.15%	785 NW Valley Street	Camas	WA	98607
GDSA, LLC (Gary Sasser)	977.56	0.76%	1393 Old Hillsboro Rd	Franklin	TN	37069-9132
Geurin, Cassandra	1,663.58	1.30%	2201 Bowman Road	Franklin	TN	37064
Gingrass, MD Mary	220.59	0.17%	1915 State St	Nashville	TN	37203
Goad, Fred	210.17	0.16%	917 Stuart Lane	Brentwood	TN	37027
Graham, Ritchey	754.43	0.59%	65 Brookdwood Terrace	Nashville	TN	37205
Graymar Investors (Robert Lipman)	3,262.14	2.55%	411 Great Circle Rd	Nashville	TN	37228
Grindstaff, Edward D.	195.51	0.15%	6210 Belle Rive Dr	Brentwood	TN	37027
Grotting MD, James C.	195.51	0.15%	2610 Caldwell Mill Lane	Birmingham	AL	35243
Haws, MD Melinda	275.73	0.22%	35 Erwin Ct	Nashville	TN	37205
Heath, MD Andrew	1,609.06	1.26%	1, Carlyle Mansions 52, Cheyne Walk	London		SW3 5LS
Hooper, John M III	2,130.02	1.66%	4410 Gerald Place	Nashville	TN	37205
Ingram POA, Orrin H.	575.97	0.45%	4400 Harding Rd	Nashville	TN	37205
Jackson, Clay	1,069.65	0.84%	5819 Hillsboro Pike	Nashville	TN	37215
Johnson, Mac	97.76	0.08%	1380 Old 122nd Rd	Lebanon	OH	45036
Kelleher, Kathleen	236.44	0.18%	6275 Jones Road	Burlington	WI	53105

ATTACHMENT SOFA.28

Integrated Healing Technologies, LLC
IHT Capitalization Summary - Sorted by Ownership
June 8, 2018

Member	Total Units Ownership 6/8/18	Issued Units Ownership %	Street Address	City	ST	Zip
Kerth, Andrew	19.55	0.02%	5150 E Poinsettia Dr.	Scottsdale	AZ	85254
Lipman, Larry	293.15	0.23%	5906 Hillsboro Pike	Nashville	TN	37215
Mann, Charles	5,131.96	4.01%	5853 Godwin Road	Sante Fe	TN	38482
Martin Investment Holdings (Series 11)/Warrant	19,493.38	15.24%	40 Burton Hills Blvd, STE 100	Nashville	TN	37215
Martin, Charles	161.30	0.13%	40 Burton Hills Blvd, STE 100	Nashville	TN	37215
Maxwell, MD G. Patrick	2,910.79	2.27%	c/o Frank Bumstead PO BOX 340020	Nashville	TN	37203-0020
Mitchell, Williams, Selig, Gates PLLC (Harold Hamlin)	391.02	0.31%	425 W. Capitol Ave, STE 1800	Little Rock	AR	72201
Mixon, Josh	696.52	0.54%	P. O. Box 13353	Lexington	KY	40583
Moore, Janine E.	1,164.84	0.91%	4650 Everal Lane	Franklin	TN	37064
Moss-Dudley, Laurie	97.76	0.08%	507 Sandpiper Cir	Nashville	TN	37221
Mullins, Keith	14.66	0.01%	301 Plus Park Blvd, STE 500	Nashville	TN	37217
Mulron, Timothy	179.09	0.14%	717 Bresslyn Road	Nashville	TN	37205
Nelson, Meredith B.	291.15	0.23%	2704 Tyne Blvd	Nashville	TN	37215
OLK Investments LLC (Lisa Monaco)	195.51	0.15%	3468 W Bluff Ave	Fresno	CA	93711
O'Shaughnessy, MD Kristina	138.12	0.11%	2016 Sunset Hills Terrace	Nashville	TN	37215
Owen, Rhonda	244.27	0.19%	4113 Helena Bay Ct	Hermitage	TN	37076
Pearson, Lauri	156.41	0.12%	502 Huntington Ridge Dr.	Nashville	TN	37211
Poe, Antoine (Tony)	391.02	0.31%	2223 Kavanaugh Blvd	Little Rock	AR	72205
Porter, Stephen	2,127.42	1.66%	127 Habersham Rd	Columbia	TN	38401
Reddy, MD V Sreenath	138.45	0.11%	3513 Woodmont Blvd	Nashville	TN	37215
Rehberg, Kyle	146.63	0.11%	5370 N. Hillbrooke Trace	Alpharetta	GA	30005
Reyes Ortega, Amerelis	39.10	0.03%	7817 Heaton Way	Nashville	TN	37211
Ridgefield Properties (Marc Stengell)	2,834.92	2.22%	201 4th Avenue North. STE 1960	Nashville	TN	37219
Rodewald, Albert	16,412.75	12.83%	4814 Byrd Ln	College Grove	TN	37046
Ross, Jay Hardin	1,086.94	0.85%	4420 Gerald Place	Nashville	TN	37205
Salene Trust (David Salene)	1,101.79	0.86%	3821 Inlet Isle Dr	Corona Del Mar	CA	92625
Santi, MD Steve F.	214.29	0.17%	1105 Radnor Glen Drive	Brentwood	TN	37027
Schwaber, MD Mitchell	267.22	0.21%	703 Overton Park	Nashville	TN	37215
Seezen, Hans	1,107.81	0.87%	1204 Saxon Drive	Nashville	TN	37215
Shock, Karen	97.76	0.08%	682 CR 431	Thorndale	TX	76577
Simonsen, Christopher M	276.12	0.22%	4013 Copeland Dr	Nashville	TN	37215
Sitar, Ami	14.66	0.01%	21304 S. Forrest View Drive	Shorewood	IL	60404
Smith Jr., George D.	195.51	0.15%	1207 Nichol Lane	Nashville	TN	37205
Smith, David	2,011.22	1.57%	735 East Iron Hill Road	Burns	TN	37029

ATTACHMENT SOFA.28

Integrated Healing Technologies, LLC

IHT Capitalization Summary - Sorted by Ownership

June 8, 2018

Member	Total Units Ownership 6/8/18	Issued Units Ownership %	Street Address	City	ST	Zip
Smith, Joe	1,875.43	1.47%	570 Grand Drive, NE	Cleveland	TN	37312
Smith, Joshua	1,745.22	1.36%	7002 Westbelt Drive	Nashville	TN	37209
Smoot, DiAnn	14.66	0.01%	3605 Poinciana Avenue	Reading	PA	19605
Stevens, MD William Grant	926.88	0.72%	13455 Ventura Blvd, STE 208	Sherman Oaks	CA	91423
Stinson, Carlton	1,505.84	1.18%	1120 Tyne Blvd	Nashville	TN	37220
Tran, Anthony	95.20	0.07%	510 Gay Street, Apt. 1113	Nashville	TN	37219
Traylor, Kip	14.66	0.01%	9000 Macauley Lane	Nolensville	TN	37135
Wall, Bill	1,516.14	1.18%	845 Middle Tennessee Blvd, STE B	Murfreesboro	TN	37129
Webb, William V. B.	600.87	0.47%	715 Belle Meade Blvd, APT C-1	Nashville	TN	37205
Wiley Jr., David W.	871.31	0.68%	109 Clarendon Ave	Nashville	TN	37205
Wiley, Margaret H.	290.44	0.23%	109 Clarendon Ave	Nashville	TN	37205
Witt, Brad	97.72	0.08%	3791 Ross Park Dr	Hoover	AL	35226
Witzenberger, MD Thomas	293.15	0.23%	901 East Camino Real, APT 7B	Boca Raton	FL	33432
Wodock, Pete	244.39	0.19%	12106 Pebblepointe Pass	Carmel	IN	46033
Woodward, Sara B.	629.10	0.49%	1306 Elizabeth Blvd	Fort Worth	TX	76110
Wozniak, Chris	97.76	0.08%	4 Split Rock Road	Pittsford	NY	14534
Wright, Mark	219.95	0.17%	419 Prestwick Ct.	Nashville	TN	37205

United States Bankruptcy Court
Middle District of Tennessee

In re **Integrated Healing Technologies, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>20,000.00</u>
Prior to the filing of this statement I have received	\$	<u>20,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Services normally and reasonably associated with this type of engagement which the Firm is requested and is able to provide and which are consistent with its ethical obligations.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of Debtor or anyone else in connection with chapter 5 actions that may be initiated in any bankruptcy case; any advice or other legal services relating to federal or state tax or securities laws.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 9, 2018

Date

/s/ JOHN C. TISHLER

JOHN C. TISHLER 013441

Signature of Attorney

Waller Lansden Dortch & Davis LLP

511 Union Street

Suite 2700

Nashville, TN 37219-1791

615-244-6380 Fax: 615-244-6804

Name of law firm

**United States Bankruptcy Court
Middle District of Tennessee**

In re **Integrated Healing Technologies, LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the Co-Chair of the Board of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 9, 2018**

/s/ Albert Rodewald

Albert Rodewald/Co-Chair of the Board

Signer/Title

/s/ Robert Lipman

Robert Lipman/Co-Chair of the Board

Signer/Title

INTEGRATED HEALING TECHNOLOGIES, LLC
100A BETA DRIVE
FRANKLIN TN 37064

JOHN C. TISHLER
WALLER LANSDEN DORTCH & DAVIS LLP
511 UNION STREET
SUITE 2700
NASHVILLE, TN 37219-1791

ABIGO MEDICAL SB
SE-436
33EKONOMIVAGEN 5
SWEDEN

ACOG
EXHIBITS MANAGEMENT
409 12TH ST SW
WASHINGTON DC 20024-2188

ACTION BUSINESS CONSULTING
6051 RURAL PLAINS CIR, UNIT 301
FRANKLIN TN 37074

ADVANCED AMBULATORY INC
PO BOX 981047
HOUSTON TX 77098

AESTHETIC COMPONENTS
1200 WALD RD
ORLANDO FL 32806

AGASTI, JEN RN CWCA FACCWS
141 PINE AVE
FORCE PA 15841

ALABAMA ORTHOPAEDIC SOCIETY
1085 CHESSON HILL DR
FITZPATRICK AL 36029

ALEXANDER'S CATERING LLC
511 UNION ST, STE 2626
NASHIVLLE TN 37219

ALEXANDER, MALLORY
PO BOX 116450
ATLANTA GA 30368-6450

ALEXIARES LLC
208 CRAIGHEAD ST
NASHVILLE TN 37205

ALFREY MD, DAVID
22 WYNSTONE
NASHVILLE TN 37215

AMERICAN SOCIETY OF PLASTIC SURGEONS
ATTN: FINANCE DEPT
444 EAST ALGONQUIN RD
ARLINGTON HEIGHTS IL 60005

ANDERSON, STEFANIE
2728 BLUE HERON DR
FLORISSANT MO 63031

ANDREWS AGENCY LLC (THE)
209 10TH AVE S, STE 525
NASHVILLE TN 37203

ANDREWS, THOMAS
208 JACKSON BLVD
NASHVILLE TN 37205

ARKANSAS SECURITIES DEPT
HERITAGE WEST BLDG, STE 300
201 EAST MARKHAM ST
LITTLE ROCK AR 72201-1692

ARMACOST, JOHN
1692 S. WALNUT DR
WARSAW IN 46580

ATMOS ENERGY
PO BOX 790311
SAINT LOUIS MO 63179-0311

ATNIP, JOE
7316 OLD CLARKSVILLE PKE
JOELTON TN 37080

AWHONN
ATTN: MICHELE FLANAGAN RNC
9 MEDICAL PARK, STE 320
COLUMBIA SC 29203

BAIRD, IAN
175 BAYPOINTE PKWY, APT 422
SAN JOSE CA 95134

BAIRD, JAMES
5214 RUSTIC WAY
OLD HICKORY TN 37138

BARNEY, PAUL
PO BOX 842818
BOSTON MA 02284-2818

BASS, NANCY ANN
810 BELLEVUE RD UNIT 242
NASHVILLE TN 37221

BATEMAN, MARY
1200 GENERAL MCARTHUR DR
BRENTWOOD TN 37027

BATEMAN, SUZANNE
1200 GENERAL MCARTHUR DR
BRENTWOOD TN 37027

BATES, REEDA
497 WHISPERING HILLS DR
NASHVILLE TN 37211

BAURLE MD, ERIC J
1806 IVY CREST DR
BRENTWOOD TN 37027

BEAN REALTY PARTNERS LLC
3841 GREEN HILLS VILLAGE DR, STE 400
NASHVILLE TN 37215

BECHERT, KARI
1024 ASHLAND AVENUE
EVANSTON IL 60202

BENCE, STACI
497 WHISPERNG HILLS DR
NASHVILLE TN 37211

BENCHMARK INVESTORS GROUP
400 SUGARTREE LN, STE 310
FRANKLIN TN 37064

BENGEL LIVING TRUST
1107 FLEMING ST
KEY WEST FL 33040

BENRUD, CONSTANCE
510 W ERIE, #1901
CHICAGO IL 60654

BERGAN, JAMIE
5382 COBBLER WAY
CAMILLUS NY 13031

BES STUDIOS
5711 OLD OSBORNE TURNPIKE
HENRICO VA 23231

BETSY V MATLOCK REVOCABLE TRUST
353 CUDDY CT
NAPLES FL 34103

BICKEL, BECKY
1888 WILSON PIKE
FRANKLIN TN 37067

BLACK TIE MOVING NASHVILLE
320SEVEN SPRINGS WAY
BRENTWOOD TN 37027

BLOUNT, JOHN
212 LARKTON PL
FRANKLIN TN 37069

BLOUNT, SCOTT C
3001 DEL CUROTO RD, UNIT B
AUSTIN TX 78704

BOVENDER JR, JACK
520 BELLE MEADE BLVD
NASHVILLE TN 37205

BRINDLE, TOD
6165 BOOTSIE BLVD
HENRICO VA 23231

BRITTON, JIM
3 GIBSON
LITTLE ROCK AR 72227

BROWN MD, PHILLIP
518 PARK CENTER DR
NASHVILLE TN 37205

BROWN, MICHELLE
3617 18TH ST NE
WASHINGTON DC 20018

BUCKEYE HOME HEALTH CARE
ATTN: BHHC WOUND FAIR
7700 PARAGON RD
SELKIRK NY 12158

BUFORD, MARK
1003 HEATHROW HILLS CT
BRENTWOOD TN 37027

BUMSTEAD, FRANK
PO BOX 340020
NASHVILLE TN 37203

BURD, PAUL
5516 STANFORD DR
NASHVILLE TN 37215

BURNS, BRANDON
3217 ROLLING STONE
OKLAHOMA CITY OK 73120

BURR, ROBERT
1314 FAIRVIEW AVE
BOWLING GREEN KY 42103

BUSINESS FURNITURE WAREHOUSE
706 19TH AVE N
NASHVILLE TN 37203

CALDWELL, MEREDITH
28 INVERARAY
NASHVILLE TN 37215

CALVETTI, MIKE
194 ESMER CT
NEWARK DE 19711

CAPITAL DISTRICT WOCN
ATTN: MICHELLE MURRAY
7700 PARAGON RD
DAYTON OH 45459

CARINO, PETE
1089 BROOKHAVEN SQ NE
ATLANTA GA 30319

CARMICHAEL, CROM
2605 ELM HILL PIKEM STE I
NASHVILLE TN 37214

CARPENTER, JOHN
20 FOX FARMS RD
FLORENCE MA 01062

CARR RIGGS & INGRAM
3011 ARMORY DRIVE STE190
NASHVILLE TN 37204

CASTELLO, CHRIS
104 BENNINGTON RD
GREER SC 29650

CASTRASIM HOLDINGS LLC
8600 FERN AVE
SHREVEPORT LA 71106

CATHOLIC HEALTH SYSTEM
ATTN: KRISTIE COLEMAN
2625 HARLEM RD, STE 120
CHEEKTOWAGA NY 14225

CHARLOTTE CONVENTION CTR
C/O SMART CITY NETWORKS
5795 W BADURA AVE, STE 110
LAS VEGAS NV 89118

CHURCH, DALLAS WARREN
95 CHRISTOPHER ST, APT 7I
NEW YORK NY 10014

CIT
21146 NETWORK PLACE
CHICAGO IL 60673-1211

CITY OF FRANKLIN
109 THIRD AVE S, STE 141
FRANKLIN TN 37064

CLARK-EVANS, CAROL P
1010 MANLEY LN
BRENTWOOD TN 37027

COBLE, G W II
5033 OLD HICKORY BLVD
NASHVILLE TN 37218

COBLE, GEORGE WILLIAM III
7620 OLD CHARLOTTE PIKE
NASHVILLE TN 37209

COLLINS, TIMOTHY
6933 GENTRY LN
MASON OH 45040

COMCAST
PO BOX 530098
ATLANTA GA 30353-0098

COMER, KEIA
PO BOX 306003
NASHVILLE TN 37230-6003

COMMERCIAL INSUR ASSOC LLC
103 POWELL CT, STE 100
BRENTWOOD TN 37027-5050

COMPLETE ANSWERING SERVICE
C/O ANSUR SYSTEMS LLS
5225 KATY FREEWAY, STE 409
HOUSTON TX 77077

CONCUR TECHNOLOGIES
62157 COLLECTIONS CENTER DR
CHICAGO IL 60693

CONWAY-WELCH, COLLEEN
C/O FRANK BUMSTEAD
PO BOX 340020
NASHVILLE TN 37203

COPY SOLUTIONS
4091 MALLORY LANE STE 128
FRANKLIN TN 37067

CORK MEDICAL
8050 CASTELWAY DR
INDIANAPOLIS IN 46250

COSMAS, RONALD
1302 GUILLES HILL CT
BRANDON FL 33511

COYOTE LOGISTICS LLC
PO BOX 742636
ATLANTA GA 30374-2636

CRAIG, MARGARET C
27 LEXINGTON GREEN
NASHVILLE TN 37215

CRUMP LAW PC
PO BOX 604
NEW CASTLE IN 46552

CRYSTAL SPRINGS
PO BOX 660579
DALLAS TX 75266-0579

CSI MEDICAL
170 COMMERCE WAY
GALLATIN TN 37066

DALTON, PAUL
1200 WALD RD
ORLANDO FL 32806

DARDEN, MATT
144 BAIN DR, STE 100
LA VERGNE TN 37086

DAVIS, JEFFREY K III
1235 BROADGATE DR
FRANKLIN TN 37067

DAVIS, PAM
1235 BROADGATE DR
FRANKLIN TN 37067

DELL
PAYMENT PROCESSING CTR
PO BOX 5275
CAROL STREAM IL 60197-5275

DEMPSEY, KRISSY
PO BOX 743699
ATLANTA GA 30374-3699

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NEW BREMEN OH 45869

DIXON, PAUL
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GRAND RAPIDS MI 49546

DONNELLEY FINANCIAL SOLUTIONS
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**United States Bankruptcy Court
Middle District of Tennessee**

In re **Integrated Healing Technologies, LLC**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Integrated Healing Technologies, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

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☐ None [*Check if applicable*]

July 9, 2018

Date

/s/ JOHN C. TISHLER

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